SCHEDULE A - ASSETS & "UNEARNED INCOM

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| Name: Angela Dawn Craig | |
| Page 2 of 15 | |

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| Short Term Bond [Roth] | Short Term Bond (SEP) | Fundamental Investors [IRA] | Fundamental Investors [Roth] | Fundamental Investors [SEP] | American Funds IRA | ABC Hedge Fund | Simon & Schuster | Maga Corn. Stock | ı | For a detailed discussion of Schedule A requirements please refer to the instruction booklet. | If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent critid (DC), or jointly held with anyone (JT), in the optional column on the far left. | if you report a privately-traded fund that is an Excepted investment Fund, please direck the "EIF" box. | Exclude: Your personal residence, including second homes and vecation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal rethement program, including the Thitt Savings Plan. | For an ownership interest in a privately-held business that its not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. | For remisil and other real properly held for investment, provide a complete address or description, e.g., 'nental properly,' and a city and state. | For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$6,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. | 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. | (do not use only ticker symbols). For all IRAs and other retirement plans (such as | suceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "unearner," income during the year. Provide complete names of stocks and mutual fands. | each asset held income and with | Assets and/or income Sources | BLOCK A |
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| × | | × | × | | | | | | | | | | | | | | | | \$15,001-\$50,000 | ≦ | BLOCK D Amount of Income | | |
| | | | | | | | | | | | | | | | | | | | \$50,001-\$100,000 | ≦ | Com | H | |
| | | | | | | | | | | | | | | | | | | | \$100,001-\$1,000,000 | × | • | | Page |
| | | | | | | | | | | | | | | | | | | | \$1,000,001-\$5,000,000 | × | | | |
| | | | | | | | | | | | | | | | | L | L | | Over \$5,000,000 | × | | | 4 |
| | | | | | | | | | | | | | | | | | | لــــا | Spouse/DC Asset with income over \$1,000,000* | ĕ | | | ડ , |
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| SCHEDULE A – ASSETS & "UNEARNED INCOME" BLOCK A Assets and/or income Sources A B C D E F G H 1 | | ASSET NAME | Business Investment | Structural, Inc. convertible note [1] X | Smith & Nephew Exec. Ret | Vanguard US Growth ADM | Hartford Mid Cap Y | Vano Ext. Mkt Idx Inst | Veng Tanget Ret 2035 | | St. Jude Deferred Comp. | AMG GW&K Sm/Mid Cap Z | Am. Funds Europacific Growth R6 | GMO Global Asset Alloc R6 | Am. Fund Growth Fund of Am. R6 | Am. Wash. Mutual Invest. R6 | | | |
| <u>→</u> | None | - 4 | | ┿ | + | | - | | - | \vdash | 1 | | | | | | ᅱ | _ | \dashv |
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| | \$50,001-\$100,000 | | Н | \bot | \perp | Ц | | | | | _ | | | | | <u> </u> | | Ļ | - |
| ED INCOM | \$100,001-\$250,000 \$250,001-\$500,000 | | $\vdash \vdash$ | + | + | ${oxed}$ | | _ | $\vdash \vdash$ | \vdash | _ | × | \vdash | \vdash | | | _ | Ļ | \dashv |
| <u> </u> | \$500,001-\$1,000,000 | | Н | × | . | | - | - | | | | <u> </u> | <u> </u> | - | | H | | L | |
| | \$1,000,001-85,000,000 | | H | +- | + | | ⊢ | | ┥ | + | ├ | | | _ | | | | L | \dashv |
| ' '¥ | \$5,000,001-\$25,000,000 | | Н | ╁ | + | \vdash | ├ | <u> </u> | ╁ | ╁ | ₩ | | - | - | | | 7 | | + |
| | \$25,000,001-650,000,000 | | Н | ╁ | | \vdash | ┢ | <u> </u> | \vdash | ┼ | ╁ | - | \vdash | ┝┈ | | | - | | + |
| | Over \$50,000,000 | | \Box | ╁╴ | + | \vdash | | | H | \vdash | <u> </u> | | | | | | - | _ | -+ |
| | Spouse/DC Asset over \$1,000,000* | | \vdash | ╁╌ | \dashv | | | - | ╁╌ | ╁ | | | ┢ | | | | _ | | + |
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| | INTEREST | | | | 1 | | | | | † | | | | | | | | _ | |
| | CAPITAL GAINS | | | T | 1 | | <u> </u> | | | | | | | | | | | _ | 1 |
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| e: Angela D | TAX-DEFERRED | | | | | × | × | × | × | | 1 | × | × | × | × | × | | | |
| | Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | | | | | | | | | | | | | | | | | | |
| _ | None | | Ш | × | \perp | × | × | × | × | | | × | × | × | х | Х | | | |
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| | \$201-\$1,000 | | Ш | | \perp | Ш | 1_ | | igspace | | <u>L</u> . | | | | | | | _ | |
| ₹ ≱ | \$1,001-\$2,500 | | \sqcup | ↓ | _ | \sqcup | | | | _ | <u> </u> | <u>.</u> | | | | | | | |
| | \$2,501-\$5,000 | | Щ | \bot | 4. | \square | _ | | | | 1_ | | | | | Ш | _ | | \perp |
| M Na | \$5,001-\$15,000 | | \sqcup | + | | | | <u> </u> | | - | <u> </u> | <u> </u> | | | | | | | _ |
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| <u>×</u> | \$100,001-\$1,000,000 | | \vdash | + | + | \vdash | \vdash | | \vdash | - | ₩ | _ | <u> </u> | <u> </u> | | | _ | _ | + |
| × v | \$1,000,001\$5,000,000 Over \$5,000,000 | | Н | + | + | \vdash | ⊢ | | \vdash | - | \vdash | _ | | \vdash | | \vdash | - | | + |
| 00.00mg | Spouse/DC Asset with Income over \$1,000,000° | | \vdash | + | + | 4 | | | | +- | \vdash | | - | <u> </u> | | \vdash | \dashv | _ | + |
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| BLOCKE Transaction | P, S, S(part), or E | | | | | | , | | | | | (part) | S (part) | S (part) | S (part) | S (part) | | | |

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SCHEDULE B - TRANSACTIONS

Name: Angela Dawn Craig Page_ 7 of 15

| ΤT | IL | Л | ΙŢ | Л | ΤŢ | | | | | | Sp | SP | SP | SP | SP | SP | | 뚕 | SP, DC, JT | check the disclose th | Capital G | only a port transaction. | Exclude tr | dependent | Report an |
|---------------------------------|-------------------------------|------------------------|------------------------|--------------------------|------------------------------|--------------------|---|--------------------------------|---------------------------------|------------------------|-----------------------|------------------------|-----------------------|-----------------------------|------------------------------|-----------------------------|--------------------|------------------|------------|--|--|--|--|--|--|
| Fran | Fran | Fran | Fran | Fran | Fran | Fra | | Fran | Frani | Sec | Short | Short | Short | Fund | Fund | Funda | Am | Example | | check the "capital gains" box, unless it was an asset in a tax-deferred disclose the capital gain income on Schedule A. *Column K is for assets sciety held by your accuse or dependent child | Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200. | only a portion of an easet is sold, plaase choose "partial sale" as the type of transaction. | Exclude transcriptions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If | reputing believe or any security or real property uses by you, your spouses, or you dependent child for investment or the production of income. Include transactions that resulted in a control free Provide a brief description of an archerora transactions. | Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the |
| Franklin Growth Opportunities A | Franklin Growth Opportunities | Franklin Growth Fund A | Franklin Growth Fund A | Franklin Equity Income A | Franklin Biotech Discovery A | Franklin Templeton | | Franklin US Gov't Securities A | Franklin Growth Opportunities A | Securities America IRA | Short Term Bond [IRA] | Short Term Bond [Roth] | Short Term Bond [SEP] | Fundamental Investors [IRA] | Fundamental Investors [Roth] | Fundamental Investors [SEP] | American Funds IRA | ¥ Q | | e" box, unit in income o in soleh hei | des transac | asset is so | between your persons | estment or I | sale, or ex |
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| pportu | Dportu | und A | und A | ncome |)iscove | plete | | Securi | pportu | neric | RA] | \oth] | SEP] | tors [II | tors (R | tors [S] | nds I | | Asset | n asset in a A. Course or de | d in a capi | choose 'p | unless it | on of incom | sactions th |
| mities , | mities , | | | A | ry A | β | | ties A | nities / | a IR | | | | <u>\$</u> | 色 | 7 | RA | | | ı tax-defem <u>Dendent ch</u> | gain in a | ertiel sale; | ependent enerated r | nclude t | et exceeds |
| | Α | | | | | | | | | | | | | | | | | | | d account | XCER OF S | as the typ | hildren, or ental incon | ransections | d \$1,000 ir |
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| <u> </u> | | _ | | | _ | - | _ | × | ļ | - | Х | × | × | | | | | - | ļ | Sale | | | | | Type of Transaction |
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| 12/15/21 | 11/26/21 | 12/1/21 | 3/5/21 | 12/15/21 | 12/15/21 | | | 6/23/21 | 6/23/21 | | 3/5/21 | 3/5/21 | 3/5/21 | 3/5/21 | 3/5/21 | 3/5/21 | | 3821 | | applicable | Monthly, or Bi- | Quarterly | (MO/DAYR) | | Date |
| X | | | | × | × | | | | | | | | | | | | | | | \$1,001- \$15,000 | | | : | > | |
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| | | | | | | | | | | | | × | | | × | ļ | | | | \$50,001- \$100,000 | | | | ဂ | |
| | × | | × | | | | | × | × | | × | | | × | | | | <u> </u> | | \$100,001 \$250,000 | | | | 0 | Am |
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| | | | | | | | | <u> </u> | <u> </u> | | | | | | | | _ | | | \$500,001 \$1,000,00 | 20 | | | ** | Trans |
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| | | | | | | | | | | | | | | | | | | _ | _ | Over \$50 | | | | | |
| | | | | | | | | | | | | | | | | | | | | Over \$1,0 (Spousef Azzel) | | uu' | | = | |

SCHEDULE B - TRANSACTIONS

Name: Angela Dawn Craig Page_ 8 of 15

| Report as | ry purchase, sale, or exchange transactions that exceeded \$1,000 in the | Typ | Type of Transaction | ansacti | 읔 | | Date | | | | <u></u> | Amount | of Trai | Transaction | 5 | | | |
|--|--|---------|---------------------|------------|--------|----------------------|---|----------------|-----------------|------------------|---------------------|-------------------|---------------------|------------------------|------------------------|-------------------------|----------------|-------------------------------------|
| dependent of the control of the cont | reporting person of any entering in the project of your your property in the project of the project of the project of the project of an exchange transactions the resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your epouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction. | | | | | pital Gain Expected | (MOIDANTR) or Quarterly | > | • | 6 | | m | 77 | ရ | = | <u> </u> | œ _ | * - |
| Capital C check the disclose I | Capital Gales: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, usless it was an asset in a tax-deterned account, and discloss the capital gain income on Schedule A. | rclinge | ie | rtial Salo | change | veck Blox if C 00 | Monthly, or Bi- weekly, if applicable | ,001- 5,000 | 5,001- 0,000 | 0,001- 00,005 | -100,000 000,000 | 50,001- 00,000 | 00,001- ,000,000 | ,000,0001- ,000,000 | ,000,001- 5,000,000 | 5,000,001+ 0,000,000 | rer \$50,000,0 | rer \$1,000,00 pouse/DC see() |
| SP, DG, JT | * Cosimin K is for asserts solely held by your spouse or dependent child. SP, DG, IT Assert | P | s | P | E | | | | | | | | | | | | ٥ | (8 |
| æ | Example Mega Corp. Stock | | | × | | × | 349/21 | | × | | | | | | | | | |
| | Franklin Templeton | | | | | | | | | | | | | | | | | |
| ΤĽ | Franklin Rising Dividends A | × | | | | - | 9/20/21 | | | × | | | | | | | | |
| Л | Franklin Rising Dividends A | × | | | | | 12/1/21 | × | | | | | | | | | | |
| Ή | Franklin Small Cap Growth A | × | | | | | 6/22/21 | | | × | | | | | | | | |
| Ħ | Franklin Small Cap Growth A | × | | | | | 9/13/21 | | | × | | | | | | | | |
| Л | Franklin Small Cap Growth A | × | | | _ | | 12/15/21 | | × | | | | | | | | | |
| II | Franklin Strategic Income A | | × | | | | 3/5/21 | | | × | | | | | | | | |
| JT | Franklin Total Return A | | x | | | | 3/5/21 | | | × | | | | | | | | |
| JT | Franklin Utilities A | × | | | | | 12/1/21 | × | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | American Funds | | | | | | | | | | | | | | | | | |
| JŢ | AMCAP Fund A | × | | | | | 9/20/21 | | | | × | | | | | | | |
| JT | AMCAP Fund A | × | | | | | 12/15/21 | × | | | | | | | | | | |
| ΤĽ | American Balanced Fund A | × | | | | | 6/14/21 | × | | | | | | | | | | |
| Τζ | American Balanced Fund A | × | | | | | 12/14/21 | × | | | | | | | | | | |
| ΤĽ | American Mutual Fund A | × | | | | | 9/13/21 | | | | X | | | | | | | |
| Л | American Mutual Fund A | × | | | | | 12/15/21 | × | | | | | | | | | | |
| JI. | Bond Fund of America A | × | | | | | 12/31/21 | × | | | | | | | | | | |
| JT | Growth Fund of America A | × | | | | | 12/17/21 | | × | | | | | | | | | |

SCHEDULE 8 - TRANSACTIONS

Name: Angela Dawn Craig Page 9 of 15

Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted it an acquital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal relations, or the purchase or sale of your personal relations, or the provider personal relations or the provider personal relations or the provider that income. If only a portion of an esset is said, please choose "partial sale" as the type of *Column K is for assets solely held by your socuse or dependent child SP, DC, JT

Asset 8 Ħ Ξ Ħ ٦ Ħ Ħ GMO Global Asset Alloc R6 American Funds Am. Fund Growth Fund of Am. R6 Am. Funds Europacific Growth R6 AMG GW&K Sm/Mid Cap Z St. Jude Deferred Comp. New Economy Fund A Am. Wash. Mutual Invest. R6 New Perspective Fund A New Economy Fund A Washington Mutual Investors Fund A Washington Mutual Investors Fund A Washington Mutual Investors Fund A Maga Corp. Stock × × × × × × Purchase Type of Transaction × × × × × Partial Sale Check Box if Capital Gain Exceeded × 11/26/21 (MODAMR) or Quarterly Monthly, or Bi-weekly, if applicable Quarterly Quarterly Quarterly Quarterly Quarterly 12/16/21 12/17/21 9/15/21 6/16/21 12/15/21 Date 30/21 \$1,001-\$15,000 × × > × × × × × × × \$50,000 \$50,001-\$100,000 × × c \$100,001-0 \$250,000 Amount of Transaction \$250,001-\$500,000 \$500,001-79 \$1,000,000 \$1,000,001-\$5,000,000 Ģ \$5,000,001-I \$25,000,000 \$25,000,001-\$50,000,000 Over \$50,000,000 Over \$1,000,000* (Spouse/DC Asset)

SCHEDULE C - EARNED INCOME

• •

Name: Angela Dawn Craig Page 5 <u>'</u>q 15

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: The 2021 limit on outside earned income for Members and employees compensated at or above the "serior staff" rate was \$28,585. The 2022 limit is \$29,895. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

| _ | The second secon | f | series and the series for the series | |
|---------------|--|--|--------------------------------------|-------------|
| _ | Source (inclu | Source (include date of receipt for honoraria) | Туре | Amount |
| $\overline{}$ | | | Approved Teaching Fee | \$6,000 |
| _ | Examples: State of Maryland | | Legislative Pension | \$18,000 |
| _ | Civil War Roundtable (Oct. 2) | | Spouse Speech | \$1,000 |
| | Ontario County Board of Education | | Spouse Salary | NA |
| | House of Representatives | | Salary | \$165,300 |
| | Abbott Laboratories (fka St. Jude Medical) [2] | ıde Medical) ^[2] | Deferred Compensation | \$177,701 |
| | Human Rights Campaign | | Spouse Salary | N/A |
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SCHEDULE D - LIABILITIES

Name: Angela Dawn Craig Page 11 of 15

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| \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. | 20 | | Yrea | 뎚 | |
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| | to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded | liabilit | € | # OF | |
| | _ | rent it out or are a Member); boans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed | period. Members: Members are required to report all fiabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you | Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting | |
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| | | DC, J. | _ | |
| Victor | Example | | | |
| Victory Mortgage, LLC | First Bank of Wilmington, DE | Creditor | | |
| 3/21 | 5/20 | Date Liability Incurred MOYR | | |
| Mortgage coaigner for non-dependent child personal residence | Mortgage on Rentel Property, Dover, Dit | Type of Liability | | |
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| | | \$25,000,001- \$50,000,000 | - | |
| | | Over \$50,000,000 | ٠. | |
| | | Over \$1,000,000* (Spouse/DC Liability) | * | |

SCHEDULE E - POSITIONS

| Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, emplection of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclusions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. |
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| | | | Member | Member | Position |
| | | | Personal Real Estate LLC | | Name of Organization |

SCHEDULE F - AGREEMENTS

Name: Angela Dawn Craig Page_ |2 2 15

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former

| Date | Parties to Agreement | Terms of Agreement |
|-------|-----------------------------------|--|
| 12/07 | Angela Craig and St. Jude Medical | Agreement to participate in Management's deferred compensation savings program |
| 05/02 | Angela Craig and Smith & Nephew | Agreement to participate in Company retirement plan |
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SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$415 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbylet or fereign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$186 or less need not be added towards the \$415 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

| | Source | Description | Value |
|----------|---------------------------------|--|-------|
| Example: | Mr. Joseph Smith, Arlington, VA | Silver Pletter (prior determination of personal frandship received from the Committee on Ethics) | \$500 |
| | None | | |
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SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENT:

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| Name: Angela Dawn Craig | |
| Page 13 of | |
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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$415 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to

| | | | | r adalase 1 | Final | Family Member |
|----------|---|------------------|--|-------------|-------|-----------------|
| | Source | Sette(4) | City of Departure-Destination-City of Return | (Y/N) | (NIX) | Included? (Y/N) |
| | Government of China (NECCEA) | Aug 6-11 | ос-вырц, сим»-ос | ۲ | Y | N |
| Examples | Habitat for Humanity (Charity Fundralser) | Nor. 3-4 | DC-Roston-DC | 4 | Υ | ٧ |
| | Bipartisan Policy Center | Oct. 18-19, 2021 | Minneapolis - Grand Rapids - DC | Y | Y | N |
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SCHEDULE I - PAYMENTS MADE TO CHARITY IN List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. Examples: XYZ Magazine Association of American Associations, Washington, DC None Name: Angela Dawn Craig Activity Speech Article Feb. 2, 2021 Aug. 13, 2021 Date Page 14 **3** Amount \$2,000 \$500 15

Name: Angela Dawn Craig

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